405 Insertion of peripheral long lines – empowering nursing staff

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Introduction: Long line insertion is a difficult skill usually reserved for doctors or trained specialist CF nurses. However, the EEC Working Time Directive has reduced junior doctor hours, inhibiting their availability for long line insertion and potentially delaying treatment. To overcome this, we formulated a teaching package to train ward nurses in the insertion of long lines.

Methods: The following criteria were applied for selection for long line training:

- Qualified nurse >2 years post registration
- Established competency in IV administration/venepuncture
- Working within the CF specialty
- Managerial support

Training consisted of a one hour structured teaching session which included:

- Anatomy and physiology
- Indications/contraindications
- Complications
- Legal issues
- Competencies

The session was supported by audiovisual material provided by the peripheral long line equipment manufacturer. Prior to the session each trainee was provided with a document to record each time they had observed long line insertion. Following the session they received a second competency document to record details and signatures each time they inserted a long line under supervision. On completion of this process the competency tool was retained by the trainee as evidence of attaining competency within the skill.

Results: Three members of the ward nursing staff were identified, and all have been successfully trained in long line insertion. The results of their first 86 long line insertions are reported elsewhere.

Conclusions: We have shown that it is possible to train ward nurses in long line insertion, enhancing the service we provide for our adult CF patients and empowering ward nurses. We plan to extend the training process to junior medical staff working within our area, in order to standardize practice.

406 Twelve month review of ward based longline service at regional CF centre

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Aims: Insertion of peripheral longlines is a skilled task usually carried out by doctors or Specialist CF nurses and can delay IV therapy when these individuals are busy. To obviate this, we trained 2 of our CF ward nursing staff to carry out the procedure. We have audited the effectiveness and patients' perceptions of this new practice over 1 year.

Methods: A record was kept of all the lines inserted by the ward nurses. Anonymous questionnaires, designed to assess who inserted the line, how many attempts were made, the patient's satisfaction with the procedure and their confidence in the operator, were posted to a selection of patients.

Results: 86 lines were inserted in 47 patients (22 male, mean age 25 years [range 19–41]; 25 female, 27 [17–58]) by ward nurses. There were 6 failed attempts (7%). Most (80, 93%) were inserted in inpatients, 11 (14%) on other wards. Lines were inserted in patients irrespective of clinical state, including 4 (5%) who have since died.

Of 35 questionnaires, 25 (71%) were returned. 10 patients (40%) had their last line inserted by a ward nurse, 9 (36%) by CF Nurse Specialist, and 6 (24%) by doctors. In 10 (40%) line insertion was successful at the 1st attempt, 8 (32%) at the 2nd attempt, but in 7 (28%) it took 3 or more attempts (all inserted by a doctor). 21 patients (84%) had confidence in the practitioner. All patients felt that it was beneficial to have ward nurses inserting the lines, and 20 (80%) expressed satisfaction with the care they had received.

Conclusions: This study shows that it is possible to train ward nursing staff to insert long lines in CF patients successfully. This is appreciated by patients, relieves the burden from overworked junior doctors and Specialist CF nurses, and increases the job satisfaction of the nursing staff.

407* Survey on complementary and alternative medicine in French patients with Cystic Fibrosis

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Aims: The aim of this survey was to investigate the use of complementary and alternative medicine (CAM) in French patients with CF.

Methods: A questionnaire was prepared by a coordinating nurse of an adult CF centre and the French Association Vaincre la Mucoviscidose, asking for any use of CAM, the type of chosen CAM and its efficiency. It was mailed to the members of the French Association Vaincre la Mucoviscidose and given to patients in a few CF centres.

Results: 714 answers were received from patients of various ages (29% less than 11 yrs, 21% between 11 and 18 yrs, 43% above 18 yrs and no information in 7%). 326 patients (46%) had already used CAM: homeopathy (76%), osteopathy (38%), acupuncture (18%), naturopathy (17%), phytotherapy (13%), aromatherapy (12%), microphysiotherapy (9%), others (20%). 57% of these patients considered CAM was a great or very great help, 24% of moderate efficacy, whereas only 17% found it was of no or limited benefit. Positive effects were reported on well being (35%), respiratory status (26%), digestive symptoms (14%), pain (13%) and other fields (12%). Only 51% of the patients had informed their CF physician they used CAM. 91% of the respondents wanted CAM to be investigated further on, particularly with the development of clinical investigation protocols, they asked for more information to be given to patients and care-givers and also wished the set up of nets of therapists.

Conclusions: CF care-givers must be aware of the interest of CF patients for CAM as nearly half of them have already used such a treatment and often consider it as useful. Further investigations are warranted to better define its interest in CF.

408 A competency framework for nurses providing care and management of patients with Cystic Fibrosis

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The advent of new government initiatives and health service reforms in the UK has been mirrored by significant changes in the development of nursing practice. Practice is no longer assessed purely by role or grade but by the level of competency of specific knowledge and skills that support patients and the strategic direction of service provision. A competency framework was devised by the UK Cystic Fibrosis Nurse Specialist Group to provide a self and professional assessment tool to identify appropriate levels of skills that CF patients can expect from their interaction with nursing staff.

Six domains of nursing practice were identified in the framework:

- Clinical skills and practice
- Education
- Communication
- Support and advocacy
- Service planning
- Professional skills and development

These domains are measured against 5 levels of cystic fibrosis practice within 3 groups of practitioners representing generalist nurses to highly specialized CF practitioners. Users identify the level which best describes their role and interaction with CF patients. This will then indicate the competencies, knowledge and skills required to practice within that role. Achievement of competencies must be demonstrated by supporting evidence. Non-specialist nurses providing care to CF patients might require between level 1–3 competency in cystic fibrosis skills, whilst nurses working in specialist centres would be expected to reach level 4 or 5. Early evaluation suggests the framework is a useful tool to identify and support clinical and professional development of nurses in order to provide a determined level of skill in cystic fibrosis care appropriate to their roles.